

STATE FILE NO:

**STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Termination of Domestic Partnership by Mutual Consent**

PARTNER				
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>ID (Sr., Jr., etc.)</i>
	<i>Residence - State</i>	<i>County</i>	<i>City/Town</i>	<i>Date of Birth</i>

PARTNER				
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>ID (Sr., Jr., etc.)</i>
	<i>Residence - State</i>	<i>County</i>	<i>City/Town</i>	<i>Date of Birth</i>

MUTUAL CONSENT TO TERMINATION

(If both partners consent to termination of partnership)

In accordance with Title 19-A M.R.S.A. §2710(4)(A), both of the undersigned, being first duly sworn under oath, hereby consent to the termination of our registered domestic partnership. We both understand our registered domestic partnership will be terminated *effective immediately* upon filing of this mutual consent with the **Office of Vital Records, 221 State Street, #11 State House Station, Augusta, ME 04333-0011. A registration fee of \$35.00 MUST accompany this form. Checks should be made payable to: **TREASURER, STATE OF MAINE.****

SIGNATURE OF PARTNER

SIGNATURE OF PARTNER

PRINTED NAME OF PARTNER

PRINTED NAME OF PARTNER

SIGNATURE OF NOTARY PUBLIC

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

COUNTY/STATE

COUNTY/STATE

DATE COMMISSION EXPIRES

DATE COMMISSION EXPIRES

DATE SIGNED

Signature and Date Below for Office of Vital Records Use Only

REGISTRAR'S SIGNATURE

DATE FILED